



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 162194		2. Exact name of the Corporation Soul Food, Inc.			
3. Principal office address 238 Atwells Ave.		City Providence		State RI	Zip 02903
4. Business Phone No. 401-521-3311		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the restaurant business, food preparation business, Wholesale and retail purchase and sale of food products.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Anthony M. Tarro			Vice-President Name Christopher Tarro		
Street Address 640 Fletcher Road			Street Address 28 Sophia Lane		
City North Kingstown	State RI	Zip 02852	City Greenville	State RI	Zip 02828
Secretary Name Anthony M. Tarro			Treasurer Name Christopher Tarro		
Street Address 640 Fletcher Road			Street Address 28 Sophia Lane		
City North Kingstown	State RI	Zip 02852	City Greenville	State RI	Zip 02828
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Anthony M. Tarro			Director Name Christopher Tarro		
Street Address 640 Fletcher Road			Street Address 28 Sophia Lane		
City North Kingstown	State RI	Zip 02852	City Greenville	State RI	Zip 02828
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	STK	0.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED

MAR 22 2013

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative